



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SUPP-P01-007	
Application Number	10/824939	Filed	April 15, 2004
For METHODS AND COMPOSITIONS FOR ENHANCING NEURON GROWTH AND SURVIVAL			
Art Unit	N/A	Examiner	Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$ 55.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00 \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,580</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
_____ Signature		_____ September 28, 2004 Date	
_____ Gloria Fuentes Typed or printed name		_____ (212) 497-3624 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ED181234814US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 28, 2004 Signature: Andrea Silverman (Andrea Silverman)